

## Organizational strategies targeting patients with chronic disease to adopt and use personal health records

# Survey

### 1. Type of Organization

Please indicate which of the following best describes your organization.

Complete **all that apply**:

- ☐ Integrated Healthcare Delivery System
- ☐ Academic Medical center
- ☐ Ambulatory care organization
- ☐ Community Hospital
- ☐ Other (please add):

### 2. Type of Entity

Please select the option that best describes your legal entity model:

- ☐ Informal consortium or virtual model – no legal entity, formed under contractual arrangement
- ☐ Non-profit organization
- ☐ For-profit organization
- ☐ Limited Liability Company, Trust, or Partnership
- ☐ Government-owned
- ☐ Other (please specify):

**Organizational strategies targeting patients with chronic disease to adopt and use personal health records**

**3. Which types of clinical data are available to your patients in their PHR?**

	<b>Answer Options</b>	<b>Currently available</b>	<b>Planning to use in future</b>	<b>No plan</b>
Test Results	Laboratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test Results	Radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test Results	Pathology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient or ambulatory data	Record of encounters (dates, providers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Problem list	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Family history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Social history and lifestyle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ambulatory Medication list	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Medication Allergy data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Immunization data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Visit notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Operation notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Clinical summaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Visit notes recorded by clinical staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (please list)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<b>Answer Options</b>	<b>Currently available</b>	<b>Planning to use in future</b>	<b>No plan</b>
Patient-generated data	Home monitoring weight,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Home monitoring BP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Home monitoring glucose,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Home monitoring peakflow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other Home monitoring (please list)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other patient-generated data	(please list)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4. Communications and other functions available in PHR?**

	<b>Answer Options</b>	<b>Currently available</b>	<b>Planning to use in future</b>	<b>No plan</b>
Communications	Email with MDs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Email practice staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Request medication refill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Request appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Request referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Patient reminders for preventive or follow-up care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please list)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**5. Population Statistics**

5.1 What is the overall population served by your organization?

5.2 Please explain what you mean by your overall population?

**6. Registration to PHR and usage counts**

<b>Total registered or enrolled on your PHR</b>	<b>Active accounts: registered and have logged in past year</b>	<b>Unique patients log/on per month</b>
N	N	N

**7. If you have access to this information, please can you provide the following...(approximate estimates are fine)**

What proportion (%) of your overall population have coronary artery disease?

What proportion (%) of your overall population have diabetes?

What proportion (%) of your overall population have congestive heart failure?

What proportion (%) of your overall population have asthma?

What proportion (%) of your overall population have one or more chronic diseases (eg coronary artery disease, diabetes, congestive heart failure, asthma)?

**If you have do not have access to this information, please GO to Question 8.**

**Organizational strategies targeting patients with chronic disease to adopt and use personal health records**

**8. If you have access to this information, please can you provide the following...(approximate estimates are fine)**

	<b>Total registered or enrolled on your PHR</b>	<b>Active accounts: registered and have logged in past year</b>	<b>Unique patients log/on per month</b>
	N	N	N
Patients with established coronary artery disease			
Patients with Congestive heart failure			
Patients with Diabetes			
Patients with Asthma			
Patients with 1 or more chronic disease			

**Thank you so much for completing this questionnaire.**